

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>011638</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2005</u> Through: <u>12 / 31 / 2005</u>
3. Name and address of person filing. Name <u>ABEL - VASQUEZ</u> P.O. Box, Bldg., Room No., if any _____ Street <u>1150 N. MAIN AVE.</u> City <u>KANKAKEE</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>60901-8308</u>	4. Name, file number, and address of labor organization. Name <u>BLET DIV 582 LOCAL COMMITTEE ADV.</u> Labor Organization File Number <u>011-638</u> P.O. Box, Building and Room Number, if any _____ Street <u>15542 SPYGLASS CIRCLE</u> City <u>ORLAND PARK</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>60462</u>
5. Position in labor organization. <u>LOCAL CHAIRMAN DIV 582 CSXT NORTHERN RAIL LINE GC of A</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>BLET CSXT NORTHERN RAIL LINES GC of A</u> Trade Name, if any: <u>BLET GENERAL COMMITTEE of ADV.</u> P.O. Box, Bldg., Room No., if any _____ Street <u>AZALEA OFFICE PARK 6 FAIRFIELD BLVD.</u> City <u>PONTE VEDRA BEACH</u> State <u>FLORIDA</u> ZIP Code + 4 <u>32082</u>	7.a. Nature of Interest, Transaction, or Income. <u>BLET LOCAL COMMITTEE of ADV. DIV 582</u> <u>INCOME PAID IN 2005 = 11,663.81</u> <u>BLET GC of A NORTHERN RAIL LINES</u> <u>INCOME PAID IN 2005 = 2600.00</u> 7.b. Amount. <u>TOTAL COMBINED</u> <u>FROM 7A</u> <u>14,263.81</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

5-10-06
Date

815-935-8231
Telephone Number

Name of Person Filing

ABEL VASQUEZ

File Number U-

011-638

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name HOEY & FARINA P.C.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 200

Street 542 S. DEARBORN

City CHICAGO

State ILLINOIS ZIP Code + 4 60605

14.a. Nature of payment.

MEALS 01/05 THRU 12-31-05
\$ 259.00TICKETS - CHICAGO BEARS
\$ 55.0013.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.